

## INFORMATION FOR SBI AND BI PACKETS

### I General

The following instructions outline the necessary forms required for the submission of an SBI or BI packet. All items listed must be completed for an SBI packet. Those items annotated by an asterisk (\*) need not be included in a BI packet. Included is a copy of DA Circular 604-81-1 "Requests for Personnel Security Investigations." Please refer to it when completing DD Form 398 and DD Form 1584 to preclude the return of packet for corrections. DA Circular 604-81-1 is to be returned with completed packet.

### II Required forms

#### A. DD Fm 398 (Statement of Personal History)

1. 1 copy and 5 Xerox copies
2. Original signatures required on all copies
3. May make a no change DD Fm 398, however, must include 6 copies of previous DD Fm 398. See "+" below.

#### B. DD Fm 1584 (National Agency Check Request)

1. 1 copy completely filled out on subject
- \*2. 1 copy on spouse; and any member of subject's immediate family who is an alien, immigrant alien, or naturalized US citizen, and is 18 years of age or older.

a. Complete items 1-6 only.

b. Type the following statement in Item 18,

#### REMARKS:

Relationship to subject of subject's name, subject of investigation.  
Example: Spouse of Doe, John W., subject of investigation

#### C. DD Fm 1879 (Request for Personnel Security Investigation)

1. Complete items 8-16 only.

#### D. FD Fm 258 (Fingerprint Card)

1. Complete 1 card only
2. Complete only items checked

#### E. DD Fm 2221 (DOD Authority for Release of Information and Records)

1. Signature and date

#### F. Privacy Act Advisement Statement

1. Sign and date 2 copies; 1 for packet and 1 for subject's records.

#### \*G. IA Fm 29-R (Security Screening Questionnaire)

1. Answer all questions. (Explain all "yes" answers in remarks)

+ The following statement must be typed in Item 20 (Remarks) of the no change DD Fm 398:

I HEREBY CERTIFY THAT THE ABOVE ENTRIES ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND INDICATE ANY AND ALL CHANGES THAT HAVE OCCURRED SINCE (Date of previous history form submitted with request for investigation)

CIRCULAR

No. 604-81-1

HEADQUARTERS  
DEPARTMENT OF THE ARMY  
WASHINGTON, DC, 15 April 1981

Expires 30 April 1982

## PERSONNEL SECURITY CLEARANCE

## REQUESTS FOR PERSONNEL SECURITY INVESTIGATIONS

*Interim changes to this circular are not official unless they are authenticated by The Adjutant General. Users will destroy interim changes on their expiration date unless sooner superseded or rescinded.*

**1. Purpose.** This circular provides detailed instructions for requesting Personnel Security Investigations (PSI) from the Defense Investigative Service (DIS). Adherence to the guidelines contained herein will facilitate more expeditious handling of Army PSI requests for DIS.

**2. Applicability.** The provisions of this circular apply to all Army activities, worldwide (including the Army National Guard and Army Reserve), that request PSIs from the DIS.

**3. General.** Services to requesters will be improved if activities requiring PSIs will—

a. Limit their requests to those that are clearly authorized and essential to current operations.

b. Insure that request forms and prescribed docu-

mentation are properly executed in accordance with instructions, and

c. Dispatch the request directly to the appropriate addressee.

**4. Instructions.** a. General instructions for requesting PSIs are at appendix A.

b. Detailed instructions for completing DD Form 1584 (National Agency Check Request) and DD Form 398 (Statement of Personal History) are at appendixes B and C respectively.

c. Instructions for completing DD Form 1879 (Request for Personnel Security Investigation) are prescribed on the reverse of that form. Items 5, 6, and 19, however, will be completed as set forth at appendix D.

## APPENDIX A

## GENERAL INSTRUCTIONS CONCERNING REQUESTS FOR PERSONNEL SECURITY INVESTIGATIONS

**A-1. National Agency Check (NAC).** *a.* When a NAC or Entrance National Agency Check (ENT NAC) is requested, an original only of the DD Form 1584 shall be sent directly to—

Defense Investigative Service  
Personnel Investigations Center  
P.O. Box 1083  
Baltimore, Maryland 21203

*b.* NAC request will be accompanied by FD Form 258 (FBI Applicant Type Fingerprint Card) and ENTNAC will have DD Form 369 (Police Record Check) attached.

**A-2. Background Investigation.** *a.* When a Background Investigation (BI), Special Background Investigation (SBI), Bring-Up Investigation (BU), or additional investigation to complete scoping requirements or to resolve derogatory or adverse information which has been developed through personnel security investigations, is requested DD Form 1879 shall be sent directly to the—

Defense Investigative Service  
Personnel Investigations Center  
P.O. Box 454  
Baltimore, Maryland 21203

Requests for additional investigation shall set forth the basis for the investigation and describe the specific matter to be substantiated or disproved. Requests for SBIs or SBI-BUs will include "ATTN: PCCF-SCI" in item 7, DD Form 1879.

*b.* The type and number of documents necessary for each category of background investigation are prescribed in that portion of the DD Form 1879 which sets forth detailed instructions on how to complete the form. Revised instructions for completion of items 5, 6, and 19 are at appendix D.

**A-3. Bring-Up Investigation.** By direction of the Deputy Assistant Secretary of Defense, the following policy concerning Personnel Security Bring-Up Investigations is applicable.

*a.* BUs are limited to two types, BI-BU and SBI-BU.

*b.* For an SBI-BU requested in accordance with paragraph 13, Director of Central Intelligence Di-

rective (DCID) 1/14, the DD Form 1879 need be accompanied only by the following documents:

- (1) Original and four copies of DD Form 398.
- (2) Original and three copies of DD Form 1584.
- (3) One signed FBI Form FD-258.

*c.* Paragraph 13, DCID 1/14 applies to individuals who have continuously held positions requiring access to Sensitive Compartmented Information (SCI) for 5 years. In all cases, the DD Form 1879 will contain the following remark in item 20: "SBI-BU required IAW DCID 1/14, paragraph 13."

*d.* For any type of BU other than authorized by paragraph 13, DCID 1/14, the DD Form 1879 will be accompanied by full documentation as prescribed in the detailed instructions on the DD Form 1879, as amended by appendix D. In such cases, the DD Form 1879 will contain an appropriate remark as outlined in appendix D, instructions for completing Item 6 of DD Form 1879. Exceptions to this policy will be made only upon the specific justification approved by either the Secretary or the Under Secretary of the Army and the Assistant Secretary of Defense (Comptroller). Care must be taken to cite the approval for conducting the investigation as an exception to policy.

*e.* In processing BUs under the above provisions, only locally available records will be reviewed by the requesting organization. If significant adverse information, postdating the most recent favorable adjudication, is developed during the course of review, requests for previous investigative reports may be made.

*f.* Requests for investigations under the provisions of paragraph 12, DCID 1/14 are not considered BUs; accordingly, such requests will be fully documented as set forth in paragraph 2 above. Such investigations are considered to be SBIs.

*g.* When an abbreviated version of DD Form 398 is submitted in connection with a BU, a legible copy of the previous complete personal history form must be attached to each copy of the new personal history form. If a copy of the previous personal his-

tory form is not available, a current DD Form 398 will be completed in its entirety.

**A-4. Obtaining results of prior investigations.**

a. Requesters requiring verification of a specified type of personnel security investigation and/or requiring copies of prior investigations shall submit requests by letter, message, or DA Form 1144 (Request for Dossier/Index Check) to—

Commander, CCF

Fort Meade, Maryland 20755

b. The request will include the following:

(1) Subject's name, sex, grade, social security number, former military service number (if applicable), date, and place of birth.

(2) Category of request.

(a) Significant derogatory information, developed subsequent to the date of the last clearance, is known to the requester.

(b) The individual concerned is being considered for a higher level of clearance, or access authorization and does not meet the criteria for an admin-

istrative upgrading pursuant to AR 604-5.

(c) There has been a break in the individual's service of greater than 1 year.

(d) No record of clearance is available in an individual's personnel file.

(3) Annotation that it is an initial or followup request. (A tracer request may be initiated 90 days after initial request.)

**A-5. Responsibility for proper documentation of request.** The official signing the requests for investigation shall be responsible for ensuring that all documentation is completed in accordance with these instructions and that the prescribed number and type of forms are included.

**A-6.** In accordance with the provisions of paragraph 4-3, AR 340-21, each person from whom information is obtained to complete DD Form 398 and FD Form 258, will be provided a Privacy Act Statement (DA Form 4368-R). A copy of this form is in AR 381-20.

## APPENDIX B

INSTRUCTIONS FOR COMPLETING DD FORM 1584  
(NATIONAL AGENCY CHECK REQUEST)

**B-1. General instructions.** When requesting a Background Investigation (BI) or a Special Background Investigation (SBI), information to complete this form should be extracted from the subject's DD Form 398 (Statement of Personal History) or other personal history form. Preferably, the form should be typewritten, but legible hand-printed copies are acceptable. When additional space is required, use item 18 or attach additional sheets of plain white paper. The heading of a continuation sheet must reflect the subject's full name and Social Security Number and an annotation that it is a continuation sheet for DD Form 1584.

*a. All questions must be answered.* If an item is not applicable indicate "None."

*b. Request date.* The date that the request is submitted to the DIS will be shown in this block. Ensure that the request for National Agency Check (NAC) is submitted to arrive at DIS within 60 days of the request date.

*c. Return results to.* If the request is for a NAC or ENTNAC only, the clearance authority or the action agency to whom the results are to be returned should be shown in this block. If a BI or an SBI is being requested, leave this block blank.

*d. ZIP code.* The only ZIP code number required on the DD Form 1584 is in the return address block.

**B-2.** Preparation of DD Form 1584 on members of Subject's immediate family as defined in paragraph 1c(1) in the Instructions portion of the DD Form 1879.

*a.* In Item 18 identify the subject of the investigation by full name and state his/her relationship to the subject of the DD Form 1584; e.g., spouse of ROBERT JOSEPH BLACK/subject of investigation.

*b.* If the family member is an alien or immigrant alien, indicate the alien registration number and the date and port of entry into the US in item 18.

*c.* If the family member is a naturalized US citizen, list in item 18 the alien registration number and naturalization certificate number. Also, include the date, place, and court where the naturalization certificate was issued.

**B-3. Detailed instructions.**

*Item 1. (Name).* List the subject's name to include the last, first, and middle (maiden name, if applicable), in that order.

*Item 2. (Sex).* Indicate if subject is male or female.

*Item 3. (Alias(es)).* List all aliases, nicknames, or changes in name. If the subject is a female who is married, divorced, or widowed, insure that her maiden name and her married name are both reflected in this block. Example: Nee: BROWN, MARY ALICE: AKA: BLACK, ROBERT JOSEPH, Mrs. Continue the listing of alias(es) in item 18, if necessary.

*Item 4. (Social Security Number).* Show subject's social security number. If he or she does not have one, indicate "None."

*Item 5. (Birth).* Indicate the month, day, and year of birth. Spell out or abbreviate the month (e.g., June 5, 1929; do not show 6-5-29).

*Item 6. (Place of Birth).* Show city, county, and state if born in the US. In case of foreign birth, list the city and the political division of the country which differentiates cities of the same name and country, e.g., Oberursel/Taunus, Hesse, Germany.

*Item 7. (Service Number).* Show subject's former military service number, if applicable.

*Item 8. (Security Program).*

*a.* Indicate whether request is made under the military, civilian, or industrial security program. If military on active duty, include the subject's grade (O-1, E-2, etc.) beside the block checked.

*b.* Show if local files concerning the subject were checked with favorable results. If files are not available or if results were unfavorable, explain in item 18 and leave this item blank.

*c.* If the request is for an NAC or ENTNAC, show the unit initiating this request (the initiator normally will be the same as the unit shown in the "Return Results To" block). If the request is for a BI or SBI, leave this block blank.

*Item 9. (Relatives).* List full name of father, mother, and spouse to include the maiden names of

females.

*Item 10. (Date and Place of Birth).* Complete this item on each family member using the same format as prescribed in items 5 and 6 above.

*Item 11. (Present Address).* Give complete addresses, including street and house number of father, mother, and spouse. If deceased, reflect date of death.

*Item 12. (Citizenship).* Show citizenship status of father, mother, and spouse. Give alien registration numbers, when applicable.

*Item 13. (Residence).* List all places of residence from subject's 18th birthday or during the past 15 years, whichever is shorter, in chronological order beginning with the current address. If under 21, list present and all addresses during the preceding 3 years, unless the subject is an immigrant alien, in which case addresses should be reflected for the preceding 5 years. Give the beginning and ending month and year for all periods of residence, when possible.

*Item 14. (Employment).* List each period of employment from the subject's 18th birthday or during the past 15 years, whichever is shorter, in chronological order beginning with the current employment. If under 21, list all employments for the preceding 3 years, unless the subject is an immigrant alien, in which case employment should be reflected for the preceding 5 years. Give employer's complete name, street and house number, city and state. The month and year of beginning and ending of each period of employment must be shown. If the subject was unemployed and his/her activities were not covered by education, indicate each period of unemployment with the beginning and ending month of each period.

*Item 15. (School).* Show the last civilian school attended. Give the name and complete address of the school. Give month and year schooling commenced and terminated.

*Item 16. (Question).* Indicate "Yes" or "No" to all questions. When "Yes" answers are given, explain in item 18. Also, explain the refusal to answer certain questions (see question *f* below) or the qualification of any answer on a personal history form. Following are instructions for expanding questions *a* through *g*:

*a.* is subject an alien or a naturalized citizen of the US?

(1) If an alien, provide alien registration number, the date and port of entry into the US and

the last Immigration and Naturalization Service Office with which registered. If stateless, so indicate.

(2) If a minor at the time of immigration, provide the alien registration numbers of parents and the date and port of entry into the US.

(3) If a naturalized citizen, provide the naturalization certificate number and the date, place, and court where the certificate was issued.

(4) If citizenship was acquired through the naturalization of a parent, provide the name of the parent and the date, place, and court where the parent was naturalized.

(5) If subject's name has been changed since application for citizenship, show full name under which application was made.

(6) If born abroad to US parents, indicate how and where birth and citizenship was recorded. If the required information is not readily available, obtain it from parents or other sources in possession of such information. State in Item 18 whether or not a certificate of citizenship or Department of State Form FS 240 was received. Enter the certificate or Form FS 240 number in Item 18.

*b.* Does subject have any foreign connections or relations, or has he/she had foreign employment or military service?

(1) *Foreign connections.* Identify all foreign organizations in the US or abroad with which subject has been connected.

(2) *Foreign relatives, alien friends, and other persons with whom a close relationship existed or exists.* List name, address, and type of relationship to each person who is residing either in a foreign country or in the US as an alien. Include former spouse(s) where applicable.

(3) *Foreign Employment.* Indicate name and location of the foreign firm or governmental agency with which employed and list the inclusive dates of employment. (If this information was provided in response to item 14, indicate "See item 14" in item 18).

(4) *Foreign Military Service.* If subject has ever served in the military service of a foreign country, list the country, branch of service, rank, service number, inclusive dates of service, and type of discharge.

*c.* Has subject traveled or resided abroad other than for the US Government? List each country traveled in or resided in other than under auspices of the US Government. Provide the inclusive dates and the purpose of all such foreign travel.

d. Has subject had employment requiring a security clearance or investigation? Name the employer and indicate the type of security clearance issued and/or investigation conducted. If known, provide the name of the agency that completed the investigation, the date, and the file number.

e. Is subject now or has he/she ever been in the Federal Civil Service or Armed Forces?

(1) For civilian employment, state the employing federal agency or department and include the location and inclusive dates. If listed in item 14, indicate "See item 14" in item 18.

(2) For former military service, provide branch of service, rank or grade, all former service numbers to include letter prefixes and suffixes, inclusive dates of service and nature of discharge or separation. Include Coast Guard and Merchant Marine duty. Indicate each previous period of enlistment or extended active duty service from which a discharge certificate of service was received even though the subject enlisted or was ordered back to extended active duty the following day.

(3) If currently on active duty in the US Armed Forces, show branch of service, rank or grade, present and former service numbers, and date of present enlistment or the date entered on current active duty tour.

(4) If currently a member of a Reserve Component of the Armed Forces, show whether Reserve or National Guard, the branch of service, the unit designation and location, individual status, rank or grade, service number, and date of initial entry.

f. Has subject qualified DD Form 398 or similar security form? Qualification of security form refers to answers or remarks of a security significance entered on the form, such as membership in organizations referred to in item 17 of DD Form 398, or the refusal to complete the security form in its entirety. (Attach a copy of the qualified form(s) to the NAC or ENTNAC request.)

g. Has subject ever been addicted to drugs? If ever addicted to the use of habit forming drugs,

such as narcotics, alcohol, or barbituates, explain in detail, providing dates and places where used.

*Item 17. (Request Data).*

a. Indicate the agency of the initiator of the request.

b. Indicate the reason for the request. If other than listed, explain in item 18.

*Item 18. (Remarks).* In this section list any arrests which were listed on the personal history form. If personal history form is not required for the investigation, provide details regarding arrest record (if any) using item 18, appendix C as a guide.

**B-4. Agency check categories.** To facilitate the checking of the records of national agencies and ensure that the desired records are checked in consonance with the actual needs, authorized requesters will place one of the following abbreviated markings in large block letters, in the upper center of the DD Form 1584:

a. **NAC.** This marking indicates a search for derogatory information or other information required for the completion of a National Agency Check to serve as the basis for granting a clearance.

b. **ENTNAC.** This marking indicates the subject is a first term enlistee and the requirement is for an NAC less an FBI detailed technical fingerprint search.

c. **BI or SBI.** This marking indicates that a Background Investigation or Special Background Investigation has been requested on the person mentioned as the subject of the DD Form 1584. It requires a search for all information pertinent to the investigation.

d. **SAC.** This marking is reserved for those instances wherein information of interest is known or presumed to exist in the files of one or more specific national agencies or where a check is required on recently acquired spouses. Requests falling in this category will be marked "SAC" (Single Agency Check) to draw attention to special requirements in item 18. In such cases, the "Remarks" section will include a justification for the check(s).

## APPENDIX C

### INSTRUCTIONS FOR COMPLETING DD FORM 398 (STATEMENT OF PERSONAL HISTORY)

**C-1. General instructions.** The Statement of Personal History is an important document and must be completed without misstatement or omission of important facts. All entries are subject to verification by investigation.

a. Forms should be typed using black carbon paper.

b. All copies must be legible. The original must not be part carbon copy. Copies may be reproduced (xerox type), but each copy must have an original signature.

c. If additional space is required for any item, use item 20. If space provided in item 20 is insufficient, use separate sheet(s) of plain white paper. The heading of continuation sheets must reflect the subject's full name and Social Security Number and an annotation that it is a continuation sheet for DD Form 398.

d. ZIP code numbers should be provided with all addresses.

e. All questions must be answered. If an item is not applicable, indicate "None." Do not use the term "Unknown" for dates of schooling, employment, or residence. If this information is not known precisely, indicate by appropriate qualifying language, e.g., "Do Not Recall," "Date Estimated."

f. When submission of a DD Form 398 is required on a person who has previously been the subject of a Background Investigation (BI) or Special Background Investigation (SBI), the following applies:

(1) Complete items 1 through 6, 8, 14, and 16 through 21.

(2) For all other items, enter any changes or additions which have occurred since the date of the DD Form 398 used for conducting the prior investigation. However, items 13 and 15 must always include, as a minimum, the subject's current employment and current residence respectively even though no changes have occurred. In each instance, enter the social security number in item 13. References with whom the subject has had recent association or credit dealings must be listed in item 14. Do

not list character references who were previously listed on a personal history form. Enter "N/C" (No Change) in each item.

g. Before the DD Form 398 is signed, insure that each item is checked against the detailed instructions given below and that the completed form is carefully proofread. Errors and incomplete items in the form could delay an assignment or employment in a sensitive position for which a security clearance is required.

#### C-2. Detailed instructions.

*Item 1. (Name).* List full name, to include first, middle (maiden name, if applicable), and last name, in that order. Names should agree with military or civilian employment records; if not, explain in item 20. If no middle name, use "(NMN)." If initial only, insert the appropriate initial followed by "(IO)." Check appropriate block for Mr., Mrs., or Miss. Oriental or Arabic names written in English should also have Oriental characters (ideographs) or the Arabic script, if known.

*Item 2. (Status).* Complete only one status block. Civilians, including National Guard, Reserve personnel not on active duty, and applicants for enlistment or appointment, will check the civilian block.

*Item 3. (Alias or Other Name).* List all aliases, nicknames or changes in names. This means all names under which the subject has been known to employers, associates, or others. If known by the middle name, list it also. If the name has changed, utilize additional space under item 20 to explain where, when, and why (e.g., name may have been changed when adopted or naturalized). If not applicable, enter "None."

a. Women who are married or were formerly married should list maiden name (e.g., Mary Ann Jones) and names acquired through marriage (Mary Ann Smith, Mary Jones Smith, Mrs. Robert Louis Smith) unless listed in item 1.

b. If known by any last name other than that which appears in item 1, give inclusive dates.

*Item 4. (Permanent Mailing Address).* List permanent mailing address; and address at which the subject is known and can always be contacted by mail. Do not give military address. If this is a large metropolitan area (e.g., New York, Chicago, Los Angeles) give the borough or suburb in which the address is located and always include the ZIP code.

*Item 5. (Birth and Description).* Spell out or abbreviate the month (e.g., 5 June 1929; do not show 5-6-29). Give complete birth data and physical description to include any distinguishing marks, scar, tattoos, etc. Physical description must correspond with that entered on the fingerprint card, when the card is required. Indicate the place where the birth certificate is recorded.

*Item 6. (Medical History).* Check appropriate blocks. Insure that all three questions are answered.

a. If the answer to the first question is "Yes," include a complete explanation in item 20 with dates and places and the doctor and/or hospital if any treatment was involved. If treatment was received from the Veterans Administration, show the VA case number and type of treatment in item 20.

b. The second question concerns habit-forming drugs which are being taken or have been taken without a doctor's prescription. If the answer is "yes," fully explain in item 20 and attach medical release form (DIS Form 16).

c. The third question concerns use of alcoholic beverages which requires, or has required, medical attention or has caused difficulty with employers or law enforcement agencies. If the answer to this question is "yes," include the name(s) of the doctor and/or hospital if treatment was involved. Include a complete explanation in item 20 with dates and places. If treatment was received from the Veterans Administration, show the VA case number and type of treatment in item 20.

*Item 7. (Citizenship Status).* Citizenship status as reflected in this item must be complete; i.e., each box must be completed or annotated "N/A," as appropriate unless native born.

a. If a naturalized citizen, list naturalization certificate number, date, place and court where naturalized.

b. If citizenship was derived, list the naturalization certificate number(s) of parent(s) and the date, place and court where naturalized.

c. If subject's name has been changed since application for citizenship, show full name under which application was made.

d. If not an immigrant alien and not a US citizen, explain status in item 20.

e. If born abroad to US parents, indicate how and where birth and citizenship was recorded. If the required information is not readily available, obtain it from parents or other sources in possession of such information. State in item 20 whether or not a certificate of citizenship or Department of State Form FS240 was received. Enter the certificate or Form FS240 number in item 20.

f. If an alien, list the alien registration number, the date and port of entry into the US, and the last Immigration and Naturalization Service office with which registered. If stateless, so indicate as an additional remark in the "Native Country" block.

g. If a minor at the time of immigration, provide the alien registration numbers of parents and the date and port of entry into the US.

*Item 8. (Military Service).* Indicate current status. Include all requested data pertaining to military service.

a. Under "Date Current Active Service Started," indicate the date of the present enlistment or the date entered on current active duty, if applicable.

b. Under the "Previous Tours" block, indicate each previous period of enlistment or extended active duty service from which a discharge certificate of service was received, even if the subject was ordered back to extended active duty the following day. Show the grade and all present and former service numbers pertinent to each entry. "FROM" and "TO" dates will show day, month, and year, and must agree with military records.

c. Officers with prior enlisted or warrant officer service, or who have been integrated into regular status, will include the applicable information under the "Previous Tours" block. Show the grade and all service numbers pertinent to each entry.

d. Under organization and station, give current working location to include room and building if on a base/installation. If assignment at present organization and station has been for a period of less than 6 months, list in item 20 the last previous organization and station and working location thereat to include room and building if on a base/installation.

e. Reserve and National Guard Service will be listed in this block.

*Item 9. (Education).* List in chronological order

beginning with the last school attended. Give calendar month and year schooling commenced and terminated. Include service academies, but do not include inservice professional courses or schools. Grammar schools will be listed only if the grammar school was the last school attended. Indicate whether or not graduated from each school and indicate degree(s) received, if any.

a. Location of school must be shown; if located in a large metropolitan area (e.g., New York, Chicago, Los Angeles), borough or suburb must be shown. Location of schools shown in this item should agree with residences in item 15; if not, explain the difference in locations in item 20.

b. Names of schools attended in foreign countries must be shown in both English and the language of that country.

c. The specific school, course, or college at all universities attended must be shown. (This is particularly important when a college or university was attended outside the US).

d. When education occurred overseas, except under auspices of the United States Government, list in item 20 the names and addresses of two individuals, preferably US citizens residing in the US, who can verify the period of foreign education through personal knowledge.

e. Attach educational institution release form (DIS Form 17).

*Item 10. (Family).*

a. List full names and aliases of spouse, former spouse(s), and each close relative including parents, guardians, stepparents, foster parents, parents-in-law, children, stepchildren, adopted children, brothers, sisters, stepbrothers, and stepsisters and any other persons you resided with or with whom a close relationship existed or exists even if these persons are deceased.

(1) Precede each name with the relationship (i.e., brother, sister, daughter, former spouse, etc.).

(2) For each female relative, give both maiden and married names in full. (Example: Alice May Jones, nee: Smith, also known as (AKA) Mrs. James Robert Jones.)

b. Give day, month, and year of birth. Indicate place of birth by city (or county) and state, if born in the US. Give complete addresses including street, house number, city, state, and ZIP code. Include country if other than the US.

c. For each person listed as born outside the

US and its territories, use item 20 to show: date and port of entry into the US; alien registration number; date of naturalization; place of naturalization; name under which naturalized; name, and location of court of jurisdiction; and naturalization certificate number, when applicable. For persons born as US citizens outside of US and its territories, provide basis for citizenship, e.g., offspring of native born US citizen(s).

d. If not married, indicate "none" in "Spouse" block. If married or formerly married, list in item 20 the date and place of marriage(s) and place where the marriage(s) is recorded.

e. If divorced or legally separated, list the last known address(es) of the spouse(s). Indicate in item 20 the date and place of divorce or separation to include name and location of the court where such legal action is recorded.

f. Indicate date of death of deceased relatives and former spouse(s).

g. Show current citizenship status of all non-US citizen relatives.

h. If born in any country or city now divided into free world and Communist-oriented parts, specify in which part the individual was born. For example, East or West Germany, East or West Berlin, North or South Korea.

*Item 11. (Other Relatives and Alien Friends Living in Foreign Countries).* Give complete identifying data for each relative including grandparents, aunts, uncles, cousins, brothers- and sisters-in law, and other persons with whom a close relationship existed or exists.

a. If any relative, or alien friend, of subject or spouse is currently residing in any of the following countries, indicate the method (mail, personal visits, etc.) regularity, and recency of contact, if any, with such individuals must be shown in item 20, or on a separate sheet: Albania, Bulgaria, Cambodia, People's Republic of China (Communist China, including Tibet), Cuba, Czechoslovakia, Democratic People's Republic of Korea (North Korea), Democratic Republic of Vietnam (including area formerly known as South Vietnam), German Democratic Republic (GDR-East Germany, including the Soviet sector of Berlin), Hungary, Kurile Island and South Sakhalin (Karafuto), Mongolian People's Republic (Outer Mongolia), Poland, Rumania, Union of Soviet Socialist Republics (USSR, including Estonia, Latvia, Lithuania, and all other constituent republics), and Yugoslavia. If the coun-

try is geopolitically divided (e.g., East/West Germany, Taiwan/Mainland China), specific area of the country must be provided. Oriental or Arabic names and addresses should be written in English and the Oriental characters (ideographs) or the Arabic script if known.

b. If a relative, who is residing overseas, is a US citizen with no indicated connection with the US Government, explain in item 20.

*Item 12. (Foreign Travel).* List all periods of foreign travel not under auspices of the US Government. Include the duration of the visit for each country visited, and the purpose of the travel. Travel in cities or countries divided into free world and Communist-oriented parts will indicate in which part the travel was performed.

*Item 13. (Employment).* List each period of employment, self-employment, and/or unemployment during the 15-year period immediately preceding the date of accomplishment of the DD Form 398 or from the date of the 18th birthday, whichever is the shorter period. If under age 21, list each period of employment, self-employment, and/or, unemployment during the last 3-year period, unless the subject is an immigrant alien, in which case employment should be reflected for the preceding 5 years. Information in this item must be listed in chronological order beginning with the present period of employment, self-employment or unemployment. The month and the year of beginning and ending of each period must be shown.

a. If self-employed during any period, list in item 20 or on an attached sheet the complete name and address of the business and names and addresses of two individuals who can verify such period(s) of self-employment.

b. List part-time employment during school vacations to include position held (e.g., clerk, accountant, laborer, electrician, etc.) and the department and supervisor's name. List all part-time employments while on active duty with the military service, and identify as such.

c. When employment has occurred overseas, except under the sponsorship of the US Government, list in item 20 the names and addresses of two individuals, preferably US citizens, who can verify the period(s) of employment through personal knowledge.

d. Include complete name(s), street, house number, city, and state for each period of employment, self-employment, or unemployment.

e. Foreign names and addresses should be in English and in the Oriental characters (ideographs) or the Arabic script, if known. For periods of military service, enter inclusive dates including current period if applicable. Do not list any education under this item; list education under item 9.

f. If any period of employment was in a large metropolitan area (e.g., New York, Chicago, Los Angeles), indicate the borough or suburb. If employed by a large manufacturing concern (e.g., Chrysler or General Motors Corporation in Detroit, Michigan), give the specific name and location of the plant where actually employed. If presently employed in a civilian capacity with the US Government, give current working location, to include room and building number, if on a base/installation.

g. If any period of employment was for a temporary help supplier, list only the temporary help supplier as the employer, even though work may have been performed at different locations with client companies using the temporary help supplier's service.

h. If employed through a union hiring hall, list firms by which employed. Do not list the union as an employer unless the salary was, in fact, paid by the union.

i. If summer activities or similar periods are not reflected under employment, education, military service, etc., enter the term "Unemployed" at the appropriate chronological place within item 13 and give the names and addresses of two individuals who can verify such periods of unemployment.

j. Relatives should not be listed as individuals to verify periods of self-employment. However, if relatives are listed a complete explanation must be included in item 20.

k. Insure that all three questions are answered at the bottom of item 13 and that the social security number is typed in the appropriate block. If any one of the three questions is answered "Yes", explain fully in item 20.

*Item 14. (Credit and Character References).* Give three credit and five character references. Identify individuals by first name, middle initial, and last name. (Do not list relatives or persons under 18 years of age. Members of the same family are not acceptable as separate character references.) Prefix the name with Mr., Mrs., Miss., or other appropriate title.

a. Each character reference should be residing in the US and should be an individual with

whom a close and continuing association exists or has existed. Such an association is defined as one which permits the character reference to have personal knowledge of the subject's activities and traits of character.

b. List the inclusive periods of association with each reference by years (e.g., 54-62). When possible, indicate month within the years listed.

(1) The combined period of time that the five character references have associated with the subject should cover the last 15 years or since the subject's 18th birthday, whichever is the shortest period.

(2) If the subject is under 21 years of age, the period of time that the character references associated with the subject must cover the last 3 years of the subject's life.

(3) If the subject has had a prior BI or SBI, the combined period of time that the character references associated with the subject must cover the period since the last DD Form 398 was submitted with request for investigation. Do not list character references who were listed on any prior personal history form.

c. Do not give hometown references unless they fall within the above definition. A complete explanation must be provided in item 20 if a character reference is listed with whom a close and continuing relationship has not existed.

d. Give current, complete address of each reference. If available, list the home and business addresses and both telephone numbers. Give such complete instructions with the address that a stranger could find the location. That is, in the case of a business address, give the name of the firm where the reference is employed, plus the exact address. If any reference is located in a large metropolitan area (e.g., New York, Chicago, Los Angeles), indicate the borough or suburb and ZIP code. If the address is a small town or on a rural or star route, give complete instructions from the post office or nearest town. In the case of rural route address (e.g., Star Route, Dickson County, 5 miles south of White Bluff, Tennessee, on Highway 191 turn left on Turner Road, proceed 1½ miles to third white house on right side of road). If space is insufficient, show the additional information in item 20 or on an attached sheet. Schematic or free drawn map is also helpful.

e. Do not list military references unless their present military grade, military organization, and

address are known.

f. If bona fide credit references cannot be furnished, list a school where tuition was paid, or any store, gasoline station, automobile dealer, repair shop, life insurance company, landlord, doctor, lawyer, etc., where cash was paid for services or goods and who has knowledge or records of the financial transactions. Include account numbers when applicable.

*Item 15. (Residence).*

a. List all places of residence (not employment or education) during the last 15 years or since the subject's 18th birthday, whichever is the shorter period, in chronological order beginning with the current address. It is not necessary to list all residences from 1 January 1937. For those individuals under the age of 21, list residences for the past 3 years, unless the subject is an immigrant alien, in which case addressees should be reflected for the preceding 5 years. Give the beginning and ending month and year for each period of residence. Do not list a permanent mailing address of family residence in this item unless the subject actually resided at such address during the period(s) listed.

b. Furnish residence addresses in local community or on base/installation while in military service (not the permanent home address). List the actual place of residence while attending school. Do not list merely the name of the school or "On Campus" as a place of residence. If a metropolitan address is given, list the borough or suburb in which it is located. For a rural address, include complete instructions for locating the residence as explained in subparagraph d, item 14, above.

c. If the residence was on a military installation, include the military organization to which assigned in addition to the complete onbase residence address to include barracks or house number.

d. If residence was in a foreign country, foreign names and addresses should be in English and in the Oriental characters (ideographs) or the Arabic script, if known.

e. When residence was overseas, except under auspices of the US Government, list in item 20 the names and addresses of two individuals, preferably US citizens, who can verify the period of foreign residence through personal knowledge. The same references listed to verify education or employment in oversea areas may be listed to verify residences overseas.

*Item 16. (Organizational Membership).* Give

pertinent information including complete names and locations of each organization of which the subject is or has been a member, and indicate any office held. Avoid abbreviations. Show name and address of national organizations from which local organizations are derived or with which they are affiliated. Affiliation with labor unions, religious organizations, or political parties will not be listed.

*Item 17. Each question requires either a "Yes" or "No" answer.* If "Yes" has been checked in answer to any question, enter a complete and detailed explanation in the space provided or in item 20 (or on attached sheets, if necessary).

*Item 18. (Arrest Record).* The question at the beginning of this item must be checked either "Yes" or "No".

a. If "Yes" is checked, identify the appropriate police agency in addition to the date and court where any trial took place. Include information if detained, held, arrested, or summoned into court (in either the US or in a foreign country) even though it resulted in an acquittal or the charges were dropped. Any action which resulted in the placement of the subject's name on a police blotter or court record (give docket number or indictment number, if known) must be listed, including any act committed while still a juvenile or if the individual was considered a "Juvenile Offender." Exclude minor traffic violations for which a fine or forfeiture of \$50.00 or less was imposed, not including court costs and fees. List all courts-martial giving date, charges, and disposition. List all Articles 15, UCMJ, or Captain's Mast if they resulted in fines, restrictions, demotions, etc. Use item 20 or a separate sheet to explain the circumstances for all incidents listed.

b. When in doubt as to the necessity for listing information in this item, it is recommended that incidents be listed to preclude future questions regarding omissions from the form.

*Item 19. (Explanatory Remarks).* Give details of any situation or incident which might require some explanation.

*Item 20. (General Remarks).* Use this space for continuation of other items where insufficient space was provided. If necessary, attach additional sheets and indicate "See Attached Sheet(s)" at the end of the space. On continuation sheets, include the item number to which the information pertains.

a. The witnessing official must read the certification statement to the subject and must assure himself that the subject understands the contents. The subject must understand that the information provided must be accurate in every detail, and further understand the implications of certifying false statements. Thereafter, the subject and the witnessing official must sign and date the forms and the attached sheet(s), if any, in the presence of each other. The original and all copies require original signatures. The information must be current as of the date the form is signed. The form must be completed, signed, and dated within 60 days prior to the date the request for investigation is received by the Defense Investigative Service.

b. When the DD Form 398 is executed to cover only the period since the date of submission of a previous form, enter the following certificate under this item: I HEREBY CERTIFY THAT THE ABOVE ENTRIES ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND INDICATE ANY AND ALL CHANGES THAT HAVE OCCURRED SINCE (date of previous personal history form submitted with request for investigation).

*Item 21.* Under this item, the authority requesting the investigation must provide a brief description of the duty assignment, if known, and the degree of classified information to which the subject will require access.

## APPENDIX D

### REVISED INSTRUCTIONS FOR COMPLETING DD FORM 1879 (REQUEST FOR PERSONNEL SECURITY INVESTIGATION)

**D-1. General.** Instructions for completing DD Form 1879 are printed on the reverse of the form; items 5, 6 and 19 are hereby amended. Instructions for completion of these items are set forth below.

**D-2. Revised instructions. Item 5 (Type of investigation).** *a.* The purpose of this item is to identify the type of investigation being requested. No investigation will be conducted that is not clearly authorized.

*b.* The five types of personnel security investigations listed in this item are the only ones authorized by general DOD policy. Check one block. Request for an investigation other than one of these types must be based on specific exception to policy granted by the Secretary or Under Secretary of the Army and approved by the Assistant Secretary of Defense (Comptroller). When an investigative request is based upon such an exception, the block "other" will be checked, and the specific exception explained in item 20 remarks. Limited inquiry will be checked only when the requester requires expansion of a National Agency Check or other limited investigation needed to resolve specific derogatory or adverse information developed through other means. In each instance, the reason for the limited inquiry must be explained in item 20.

*Item 6. (Reason for investigation).*

*a.* The purpose of this item is to establish the basis or justification for conducting the type of investigation being requested. DOD policy directives delineate the type of investigation required and authorized according either to the category of the Subject's position sensitivity or need for access to classified information. Accordingly, the reason for the investigation requested must be directly supportive of one of the types of investigation prescribed by DOD policy, or approved exceptions thereto.

*b.* If the reason for the investigation is to grant access to classified information, the first block in this item must be checked, and the highest level of access indicated by lining out the others. When the requested investigation is for access to

CONFIDENTIAL or SECRET information one of the subsequent blocks in this item must be checked as additional justification for conducting the investigation. For example, a Background Investigation for access to CONFIDENTIAL or SECRET information is conducted for certain nuclear weapon positions, and also when there is an immigrant alien clearance requirement.

*c.* If there are additional reasons for requesting an investigation for access to TOP SECRET information, then the appropriate additional blocks in this item must be checked. For example, if subject is to be given access to sensitive compartmented information, SIOP-ESI, or will be engaged in Presidential Support activities, the first block of this item will be checked with the words CONFIDENTIAL and SECRET lined out, and each appropriate block will also be checked. If a Special Background Investigation is requested under the provisions of paragraph 12, DCID 1/14, type: "Paragraph 12, DCID 1/14 applies" in item 20.

*d.* The first six reasons listed in item 6 are not comprehensive. For example, other reasons for which investigations are authorized by DOD directives are critical sensitive position, NATO-CENTO staff, and Red Cross employee, even though a Subject in a given category might not require access to classified information. Such reasons must be identified by checking the block "Other" and typing the reason that applies under the block. Provide explanatory comments in item 20 justifying the reasons for the investigation authorized by a specifically approved exemption by the Secretary or Under Secretary of the Army which has been approved by the Assistant Secretary of Defense (Comptroller). If the position has been designated critical-sensitive and access to TOP SECRET information is not required, the position duties should be carefully reviewed in the light of AR 690-1 to ensure that there is a proper basis for designating the position as critical sensitive. Type "Critical Sensitive Position" in item 20 for all those positions designated

critical sensitive which do not require access to TOP SECRET information if neither the "Sensitive Compartmented Information" nor the "Presidential Support" block applies.

e. Provide the unclassified project or program title, or other special program authorization in item 20 for all SBI requests which are not based on sensitive compartmented information or Presidential Support requirements.

f. For investigation of civilian personnel, other than those in the Federal Competitive or Excepted Service or Industrial Security Program, i.e., consultant, congressional staff, nonappropriated fund, etc., cite the nature of employment in item 20 remarks, i.e., "Congressional Staff," "Consultant" etc.

g. If the reason for a Bring-Up Investigation is to meet the requirements of:

(1) Paragraph 13, Director of Central Intelligence Directive 1/14 (Individuals who have continuously held positions requiring access to Sensitive Compartmentalized Information for 5 years up to and including the date of the investigative request), type: "SBI-BU required IAW DCID 1/14,

paragraph 13" in item 20.

(2) DOD Directive 5210.55, type: "SBI-BU required IAW DOD Directive 5210.55" in item 20.

(3) DOD Instruction C-5210.21, type: "SBI-BU required IAW DOD Instruction 5210.21" in item 20, or

(4) Paragraph 7a, United States Communications Security Board Policy 12-13, type: "BI-BU required IAW USCSB 12-13" in item 20.

*Item 19. (Prior Investigation).* Enter information as to types of any previous investigations, dates thereof, file numbers, and agencies conducting the investigations, when such information is locally available. If unknown, so state. Moreover, if the requester is aware of any previous investigation meeting scoping requirements for the type of investigation currently required, confirmation of that previous investigation should be obtained rather than requesting a new investigation. The Department of Defense stresses the reciprocal acceptance of previous investigations and clearances conducted or issued when the prior investigation by an investigative agency of the Government meets the standards prescribed therein.

# STATEMENT OF PERSONAL HISTORY

**INSTRUCTIONS:** Read the certification at the end of this questionnaire before entering the required data. Print or type all answers. All questions and statements must be completed. If the answer is "None," so state. Do not misstate or omit material fact since the statements made herein are subject to verification. If more space is needed, use the Remarks section, item 20, and attach additional sheets if necessary. The information entered hereon is for official use only and will be maintained in confidence.

<b>1. (Print) First name—Middle name—Maiden name (If any)—Last name</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss					<b>2. Status</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">Civilian</td> <td style="width:50%; text-align: center;">Military on active duty</td> </tr> </table>		Civilian	Military on active duty				
Civilian	Military on active duty											
<b>3. Alias(es) Nickname(s) or changes in name (Other than by marriage)</b>			<b>4. Permanent mailing address</b>									
<b>5. Date of birth (Day, month, year)</b>		<b>Place of birth (City, County, State, and Country)</b>		<b>Place certificate recorded</b>								
Height	Weight	Color of eyes	Color of hair	Scars, physical defects, distinguishing marks								
<b>6. Do you have a history of mental or nervous disorders?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Are you now or have you ever been addicted to the use of habit forming drugs such as narcotics or barbiturates?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Are you now or have you ever been a chronic user to excess of alcoholic beverages?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If the answer to any of the above is "Yes," explain in item 20.</b>												
<b>7. U.S. Citizen</b> <input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Native</td> <td rowspan="3" style="vertical-align: top;">If naturalized, certificate no.</td> </tr> <tr> <td style="text-align: center;">Yes</td> </tr> <tr> <td style="text-align: center;">No</td> </tr> </table>	Native	If naturalized, certificate no.	Yes	No	If derived parents certificate no(s)		Date, place, and court				
Native	If naturalized, certificate no.											
Yes												
No												
<b>Alien</b> <input type="checkbox"/>	<b>Registration No.</b>	<b>Native country</b>	<b>Date and port of entry</b>	<b>Do you intend to become a U.S. citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No								
<b>8. MILITARY SERVICE</b>												
<b>Are you presently on active duty in the U.S. Armed Forces drawing full pay?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If "Yes," complete the following.</b>												
<b>Grade and Service No.</b>		<b>Service and component</b>	<b>Organization and station</b>		<b>Date current active service started</b>							
<b>Are you presently a member of a U.S. Reserve or National Guard organization?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If "Yes," complete the following:</b>												
<b>Grade and Service No.</b>		<b>Service and component</b>	<b>Organization and station or unit and location</b>									
<b>Have you previously served tours of extended active duty, drawing full pay, from which you were discharged or separated to civilian status?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If "Yes" complete the following:</b>												
Country	Service	Component	From (Date)	To (Date)	Type discharges or separations—Grade and Service No.							
<b>9. EDUCATION (Account for all civilian schools and military academies. Do not include service schools.)</b>												
<b>Month and Year</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">From —</td> <td style="width:50%; text-align: center;">To —</td> </tr> </table>		From —	To —	<b>Name and location of school</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">Graduate</td> <td rowspan="2" style="vertical-align: top;">Degree</td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table>		Graduate		Degree	Yes	No
From —	To —											
Graduate		Degree										
Yes	No											
<b>10. Family (List in order given, parents, spouse, guardians, stepparents, foster parents, parents-in-law, former spouse(s) (if divorced give date and place), children, brothers and sisters, even though deceased. Include any others you resided with or with whom a close relationship existed or exists. If the person is not a U.S. citizen by birth, give date and port of entry, alien registration number, naturalization certificate number and place of issuance.)</b>												
<b>Relation and name</b>		<b>Date and place of birth</b>	<b>Present address, if living</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">U.S. Citizen</td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table>	U.S. Citizen		Yes	No			
U.S. Citizen												
Yes	No											
Father												
Mother (Maiden name)												
Spouse (Maiden name)												
Other (Specify)												

**11. OTHER RELATIVES AND ALIEN FRIENDS LIVING IN FOREIGN COUNTRIES** (List grandparents, first cousins, aunts, uncles, brothers-and sisters-in-law, and other persons with whom a close relationship existed or exists.)

Relationship and name	Age	Occupation	Address	Citizenship

**12. FOREIGN TRAVEL** (Other than as a direct result of United States military duties.)

Dates		Country visited	Purpose of travel
From—	To—		

**13. EMPLOYMENT** (Show every employment you have had and all periods of unemployment.)

Month and year		Name and address of employer	Name of immediate supervisor	Reason for leaving
From—	To—			

Did any of the above employments require a security clearance? ☐ Yes ☐ No Do you have any foreign property or business connections, or have you ever been employed by a foreign government, firm, or agency? ☐ Yes ☐ No Have you ever been refused bond? ☐ Yes ☐ No If the answer to any of the above is "Yes," explain in Item 20.

Social Security No.

**14. CREDIT AND CHARACTER REFERENCES** (Do not include relatives, former employers, or persons living outside the United States or its Territories.)

	Name (List 3 credit and 3 character)		Years known	Street and number (Business address preferred)	City	State or territory
Credit						
Character						

Remarks

[illegible]

**11. OTHER RELATIVES AND ALIEN FRIENDS LIVING IN FOREIGN COUNTRIES** (List grandparents, first cousins, aunts, uncles, brothers and sisters-in-law, and other persons with whom a close relationship existed or exists.)

Relationship and name	Age	Occupation	Address	Citizenship

**12. FOREIGN TRAVEL** (Other than as a direct result of United States military duties.)

Dates		Country visited	Purpose of travel
From—	To—		

**13. EMPLOYMENT** (Show every employment you have had and all periods of unemployment.)

Month and year		Name and address of employer	Name of immediate supervisor	Reason for leaving
From—	To—			

Did any of the above employments require a security clearance? ☐ Yes ☐ No Do you have any foreign property or business connections, or have you ever been employed by a foreign government, firm, or agency? ☐ Yes ☐ No Have you ever been refused bond? ☐ Yes ☐ No If the answer to any of the above is "Yes," explain in item 20.

Social Security No.

**14. CREDIT AND CHARACTER REFERENCES** (Do not include relatives, former employers, or persons living outside the United States or its Territories.)

Name (List 3 credit and 3 character)		Years known	Street and number (Business address preferred)	City	State or territory
Credit					
Character					

Remarks

**PRIVACY ACT STATEMENT: AUTH:** EO 10450, 10896 and 12065; Public Law 93-290; RCSS SYS: Personnel Security File; Info will be ( ) Principally Making security determinations for access to classified information and/or NSA/CSS facilities (Routinely) 1. Determine the scope and coverage of a personnel security investigation. 2. Check evaluators or adjudicators to ensure completeness of the investigation. 3. Provide and suitability determinations. 4. Basic personnel history information relating to security that also are charged with making the foregoing determinations. Information relating to security detection or prevention of a possible violation of the law may be reported to the appropriate law enforcement authority; Auth for requesting ( ) 5. Information relating to the individual as an individual; 6. Info: Voluntary; Effect: EO 9397; Dated: Mandatory; Used May result in loss of the Security Office to complete clearance processing requirements, and denial of access to NSA/CSS spaces and information. Your signature below " indicates you have read and understand the above.

**NOTE: SIGNATURES ARE REQUIRED ON BOTH THIS FORM AND DD FORM 398**

[illegible]

DATE & PLACE OF MARRIAGE(S)	

ARE YOU ABLE TO MEET CURRENT FINANCIAL OBLIGATIONS?

FORM P398S REV AUG 79 (Supersedes P398S REV NOV 78 which is obsolete)

# APPLICANT

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK  
LAST NAME NAM FIRST NAME MIDDLE NAME

FBI LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O  
R  
I

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOB  
Month Day Year

CITIZENSHIP CTZ

SEX

RACE

HGT.

WGT.

EYES

HAIR

PLACE OF BIRTH POB

DATE

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA

LEAVE BLANK

EMPLOYER AND ADDRESS

FBI NO. FBI

CLASS

ARMED FORCES NO. MNU

REF.

REASON FINGERPRINTED

SOCIAL SECURITY NO. SOC

MISCELLANEOUS NO. MNU

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

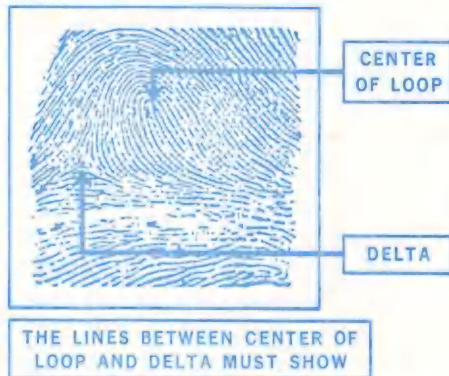
R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

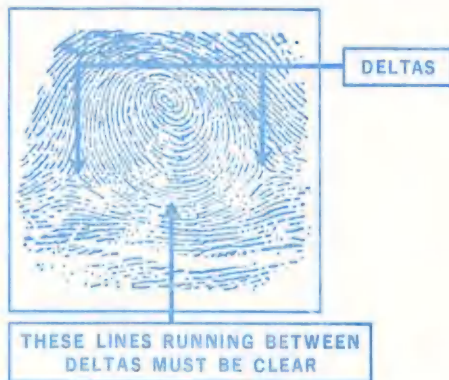
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE  
WASHINGTON, D.C. 20537

## APPLICANT

### 1. LOOP



### 2. WHORL



### 3. ARCH



#### TO OBTAIN CLASSIFIABLE FINGERPRINTS:

1. USE BLACK PRINTER'S INK.
2. DISTRIBUTE INK EVENLY ON INKING SLAB.
3. WASH AND DRY FINGERS THOROUGHLY.
4. ROLL FINGERS FROM NAIL TO NAIL, AND AVOID ALLOWING FINGERS TO SLIP.
5. BE SURE IMPRESSIONS ARE RECORDED IN CORRECT ORDER.
6. IF AN AMPUTATION OR DEFORMITY MAKES IT IMPOSSIBLE TO PRINT A FINGER, MAKE A NOTATION TO THAT EFFECT IN THE INDIVIDUAL FINGER BLOCK.
7. IF SOME PHYSICAL CONDITION MAKES IT IMPOSSIBLE TO OBTAIN PERFECT IMPRESSIONS, SUBMIT THE BEST THAT CAN BE OBTAINED WITH A MEMO STAPLED TO THE CARD EXPLAINING THE CIRCUMSTANCES.
8. EXAMINE THE COMPLETED PRINTS TO SEE IF THEY CAN BE CLASSIFIED, BEARING IN MIND THAT MOST FINGERPRINTS FALL INTO THE PATTERNS SHOWN ON THIS CARD (OTHER PATTERNS OCCUR INFREQUENTLY AND ARE NOT SHOWN HERE).

#### THIS CARD FOR USE BY:

LEAVE THIS SPACE BLANK

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.\*
2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.\*
3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.\*\*
4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

#### INSTRUCTIONS:

- \*1. PRINTS MUST FIRST BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
2. PRIVACY ACT OF 1974 (P.L. 93-579) REQUIRES THAT FEDERAL, STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBER IS REQUESTED WHETHER SUCH DISCLOSURE IS MANDATORY OR VOLUNTARY, BASIS OF AUTHORITY FOR SUCH SOLICITATION, AND USES WHICH WILL BE MADE OF IT.
- \*\*3. IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS". THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI.
4. FBI NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.

MISCELLANEOUS NO. - RECORD: OTHER ARMED FORCES NO., PASSPORT NO. (PP), ALIEN REGISTRATION NO. (AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS), VETERANS' ADMINISTRATION CLAIM NO. (VA.).

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

(5 U.S.C. 552a)

FORM DD 398, Statement of Personal History; DD 1584, National  
Agency Check Request; FD 258 Fingerprint Card

PRESCRIBING DIRECTIVE  
AR 604-5

**1. AUTHORITY**

Executive Order 10450, Executive Order 11652 and Executive Order 9397

**2. PRINCIPAL PURPOSE(S)**

Making security determinations for (1) employment or retention in employment in sensitive civilian positions, (2) membership in the Armed Forces of the United States, (3) access to classified information, or (4) for making personnel management decisions.

**3. ROUTINE USES**

- (1) Determination of the scope and coverage of a personnel security investigation.
- (2) Checking the conduct of investigative leads to assure completeness of the investigation.
- (3) Provide evaluators or adjudicators with basic personal history information relevant to security and suitability determinations.

The information may be disclosed to other Federal agencies that are also charged with making the foregoing determinations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**4. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION**

Voluntary. Failure, however, to furnish all or part of the information requested may result in (1) non-selection for civilian employment or for membership in the Armed Forces, (2) reassignment to non-sensitive duties or (3) denial of access to classified information. Disclosure of Social Security Number is necessary to fulfill requirements of Executive Order 10450 and 11652. It is intended that this notice be retained for your personal records.

**DEPARTMENT OF DEFENSE  
AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS**

In accordance with the Privacy Act of 1974, I have been provided with a copy of a statement advising me that certain information is required to assist the Department of Defense in making a security determination concerning me and that execution of this form is voluntary.

I hereby authorize and consent to the release of information and records bearing on my personal history, academic record, job performance and arrests and convictions, if any, to Special Agents of the Department of Defense. The information will be used for the purpose of determining my qualifications for employment with the Federal Government, service in the Armed Forces, or access to classified information. *(Strike clauses not applicable.)*

This authorization is valid for one year after my signing. Upon request, a copy of this signed statement may be furnished to the school, present or former employer, present or former landlord, criminal justice agency, or other person furnishing such information or record.

DATE (Year, Mo, Day)

NAME (Last, First, MI)

SIGNATURE



DEPARTMENT OF THE ARMY  
UNITED STATES ARMY INTELLIGENCE AND SECURITY COMMAND  
ARLINGTON HALL STATION  
ARLINGTON, VIRGINIA 22212

US ARMY INTELLIGENCE AND SECURITY COMMAND SECURITY SCREENING QUESTIONNAIRE

PRIVACY ACT OF 1974  
ADVISEMENT STATEMENT

The authority for requesting the following information is Executive Order 10450, Executive Order 12065, and Executive Order 9397. The requested information is to be used in making security determinations for employment or retention in employment in sensitive civilian positions; membership in the Armed Forces of the United States; access to classified information, or for making personnel management decisions. The routine uses are for the determination of the scope and coverage of a personnel security investigation, checking the conduct of investigative leads to assure completeness of the investigations, and provide evaluators or adjudicators with basic personal history information relevant to security and suitability determinations. The information may be disclosed to other Federal agencies that also are charged with making the foregoing determinations, and administrative personnel involved in processing actions that evolve during the course of these determinations. **COMPLETION OF THIS FORM IS VOLUNTARY.** Failure on your part, however, to furnish all or part of the information required may result in non-selection for civilian employment or for membership in the Armed Forces, reassignment to non-sensitive duties or denial of access to classified information.

GENERAL INFORMATION CONCERNING THIS FORM

Completion of this processing questionnaire represents an initial security screening by representatives of the US Army Intelligence and Security Command (USAINSCOM). If reviewed favorably, additional security screening will follow, to include a detailed Background Investigation conducted by the Defense Investigative Service. This investigation may encompass extensive checks with appropriate law enforcement agencies, credit and financial institutions, school teachers and administrators, friends, neighbors, employers, and other persons who may know and be willing to provide information concerning you. Upon completion of all screening and investigation, a determination will be made concerning your eligibility for access to sensitive intelligence information, material and facilities, and assignment with USA INSCOM. You are advised that falsification of this questionnaire may result in non-acceptance or reassignment from USAINSCOM and possible separation from the service or employment. **ANY ADVICE YOU MAY HAVE RECEIVED CONCERNING THE WITHHOLDING OF APPLICABLE INFORMATION SHOULD BE DISREGARDED.** It will be in your best interests to complete honestly and accurately all questions below by circling the appropriate YES or NO response. If you answer YES to any question, fully explain your answer in the REMARKS section of this form or on a separate piece of paper.

Please Print -

FULL NAME \_\_\_\_\_ ALIAS OR OTHER NAME \_\_\_\_\_

SSN \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_

DPOB \_\_\_\_\_ STATUS (Circle One -) MILITARY CIVILIAN

PERMANENT MAILING ADDRESS \_\_\_\_\_

DUTY ADDRESS and TELEPHONE NUMBER \_\_\_\_\_

1. Do you or any member of your family:

- |    |   |     |    |
|----|---|-----|----|
| a. | Hold citizenship in any country other than the United States?   | YES | NO |
| b. | Have relatives residing outside the United States?  | YES | NO |
| c. | Have foreign relatives residing in the United States?   | YES | NO |
| d. | Correspond with any individual(s) in a foreign country?   | YES | NO |
| e. | Reside, or have resided, under a Communist regime?<br>(If YES, provide all details to include:<br>name, relationship to you, country resided in, present address and date of departure from the<br>Communist country.)    | YES | NO |
| f. | Maintain any ties of affection, obligation, or kinship to any<br>individual(s) of foreign birth or who is not a US citizen?<br>(If YES, give full name, occupation, age, address, citizenship,<br>and extent of contact.) | YES | NO |
| g. | Own any property, bonds, stocks, or land in a foreign country?  | YES | NO |
| h. | Have any foreign business connections?  | YES | NO |

2. Have you ever travelled outside the United States? YES NO  
NOTE: Exclude travel under the auspices of the US Government.

3. Have you ever:

- |    |   |     |    |
|----|---|-----|----|
| a. | Had consultations with, treatment from, or been referred to<br>a psychiatrist, psychologist, or psychoanalyst?  | YES | NO |
| b. | Been referred, visited, consulted or examined by any medical<br>authority, social worker or professional or school counsellor<br>for any nervous, mental, emotional, behavioral, personal, or<br>stability problem? | YES | NO |

- |    |                    |     |    |
|----|--------------------|-----|----|
| c. | Attempted suicide? | YES | NO |
|----|--------------------|-----|----|
- If YES to either a, b, or c above, enter the following:

Date(s) \_\_\_\_\_

Place(s) \_\_\_\_\_

Diagnosis (State whether acute or chronic) \_\_\_\_\_

Name of doctor(s) \_\_\_\_\_

Address(s) \_\_\_\_\_

- |    |   |     |    |
|----|---|-----|----|
| d. | Been counselled by an employer or supervisor concerning your<br>consumption of alcoholic beverages?   | YES | NO |
| e. | Been referred to any medical authority, counsellor, or any<br>rehabilitation program as a result of your consumption of<br>alcoholic beverages? | YES | NO |

- f. Had any arguments at work, unsatisfactory performance counselling or any other employment difficulties as a result of your consumption of alcoholic beverages? YES NO
- g. Been detained, arrested, questioned or cited by a law enforcement official as a result of your consumption of alcoholic beverages? YES NO
- h. Been involved in any embarrassing situations, fights, or marital difficulties as a result of your consumption of alcoholic beverages? YES NO

4. Have you ever:

- a. Experimented with (even one time), used, possessed, bought, given away, or sold any of the following drugs/substances?

Marijuana	YES NO	Amphetamines (SPEED)	YES NO
Hashish	YES NO	Hallucinogens (LSD/STP/PCP)	YES NO
THC	YES NO	Barbituates	YES NO
Heroin	YES NO	Mescaline	YES NO
Cocaine	YES NO	Opium	YES NO

Any synthetic or cure-type drugs such as methadone, or any other habit-forming, dangerous or illegal drug/substance? YES NO

Any narcotic, sedative, stimulant, tranquilizer, anti-depressant, glue/solvent/gas sniffing, etc.? YES NO

If YES is answered to any of the above, enter the following:

Type(s) drug/substance used \_\_\_\_\_

Date of first use \_\_\_\_\_

Date of last use \_\_\_\_\_

Frequency of use (Daily, weekly, etc.) \_\_\_\_\_

Total times used \_\_\_\_\_

Were any of the above drugs/substances prescribed to you by a physician? YES NO  
(If YES, give name and address of doctor, date(s), reason and presently prescribed drugs/substances.)

b. Been present while someone else was using any of the above drugs/substances? YES NO

c. Been involved with any law enforcement officials as a result of the use, possession, selling, or buying of any of the above drugs/substances? YES NO

5. Have you ever:

- |                           |  |     |    |
|---------------------------|--|-----|----|
| a.                        | Been —or are you now— on active duty with the Armed Forces?  | YES | NO |
| Dates _____ Service _____ |  |     |    |
| Type of Discharge _____   |  |     |    |
| b.                        | Been denied enlistment in, rejected by or discharged for cause from any branch of the Armed Forces?  | YES | NO |
| c.                        | Enlisted in any branch of the Armed Forces to preclude your being prosecuted, arrested, etc., of any law violation?  | YES | NO |
| d.                        | Received any disciplinary action under the Uniform Code of Military Justice (UCMJ) to include Article 15, Captain's Mast and Courts Martial?   | YES | NO |
| e.                        | Received any written reprimands or unsatisfactory efficiency reports?  | YES | NO |
| f.                        | Been investigated by military criminal or counterintelligence agencies (except for routine security clearance investigations)?   | YES | NO |
| g.                        | Been a Conscientious Objector, or held religious or moral beliefs that may conflict with Armed Forces duties?  | YES | NO |
| h.                        | Been a member of the Peace Corps?  | YES | NO |
| i.                        | Advocated the use of force or violence to overthrow the Government of the United States or alter the form of government of the United States by unconstitutional means; or, been a member of any group or closely associated with any individual(s) whose aims are in opposition to those of the US? | YES | NO |

6. Have you ever:

- |    |  |     |    |
|----|--|-----|----|
| a. | Been suspended or expelled from school for any reason?                   | YES | NO |
| b. | Left any previous employment under less than favorable conditions?       | YES | NO |
| c. | Left any employment knowing you were going to be terminated for cause?   | YES | NO |
| d. | Worked for any foreign government, company, organization, or individual? | YES | NO |

List all employment you have had for the past 15 years or from your 18th birthday, whichever is shorter —

FROM/TO (Dates)	EMPLOYER and ADDRESS	SUPERVISOR	REASON FOR LEAVING

7. Have you ever:

a. Had checks returned because of insufficient funds in your account? YES NO  
(If so, give date, place, amount, and circumstances.)

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b. Had any property (appliances, furniture, automobile) repossessed? YES NO

c. Been contacted by a Collection Agency? YES NO

d. Received any Letters of Indebtedness? YES NO

e. Had any delinquent accounts? YES NO

f. Been refused credit? YES NO

g. Been refused bond? YES NO

h. Been sued for non-payment of financial obligations? YES NO

i. Filed for Bankruptcy? YES NO

Do you anticipate any financial difficulties in the future? YES NO

List all your current financial obligations –

BALANCE	MONTHLY PAYMENT	NAME/ADDRESS OF CREDITOR	REASON FOR DEBT	DATE LAST PYMT DUE
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8. Have you ever:

a. Been denied a security clearance? YES NO

b. Been processed for or investigated by a Federal Government Agency for a security clearance? YES NO

c. Held a security clearance? YES NO

a.	Been involved in or accused of child molesting, window-peeping, statutory rape, etc.?	YES	NO
b.	Participated in or been an observer of a homosexual act?	YES	NO
c.	Been —or are you now — a member of the Communist Party USA or any Communist organization anywhere?	YES	NO
d.	Attended a meeting or contributed to the Communist Party USA or any Communist organization anywhere?	YES	NO
e.	Participated in illegal or violent demonstrations?	YES	NO

DATE	CITY and STATE	OFFENSE	DISPOSITION

YES NO

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

BEFORE SIGNING THIS QUESTIONNAIRE, CAREFULLY READ THE BELOW CERTIFICATION –

I certify that I have read and understand the Privacy Act of 1974 Advisement Statement on Page 1 of this form, and that the answers above are true, complete and correct to the best of my knowledge and memory. I understand that knowingly and willfully falsifying this statement, or the omission of pertinent information, may result in my dismissal from the USAINSCOM and/or US Army. I further certify that I have not received any advice, implied or otherwise, to NOT list information requested by this form.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

I certify that I have discussed each aspect of this form with the above named individual and have informed applicant of the consequences of providing incomplete or erroneous information. I have not advised the applicant –through implication or otherwise – to not list any information requested by this form.

SIGNATURE OF INTERVIEWER \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

PLACE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

